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PART IV

Advertisements and Notices by Private Individuals and Corporations

MINISTRY OF LABOUR

Employees' State Insurance Corporation

NOTIFICATION

New Delhi, the 11th December 1957

No. Genl/Amend/4—In exercise of the powers conferred by section 97 of the Employees' State Insurance Act, 1948 (34 of 1948), the Employees' State Insurance Corporation hereby makes the following amendments in the Employees' State Insurance (General) Regulations, 1950, the same having been previously published, as required by sub-section (1) of the said section, namely:—

1. In Regulation 10—

- (i) in sub-regulation (4)(i) for the words, brackets and letters "clauses (e) and (f) of", the words, brackets and letter "clause (e) of and the proviso to" shall be substituted;
- (ii) in sub-regulation (4)(iii), for the word, brackets and letter "clause (g)", the word, brackets and letter "clause (f)" shall be substituted;
- (iii) in sub-regulation (5), for the words, brackets and letters "clause (e) or (f) of", the words, brackets and letter "clause (a) of and the proviso to" shall be substituted; and
- (iv) in sub-regulation (6)(i) for the words, brackets and letters "clauses (e) or (f) of", the words, brackets and letter "clause (e) of and the proviso to" shall be substituted.

2. After Regulation 15, the following regulations shall be inserted, namely:—

"15.A—Registration of Families:

On the issue of a Notification under Regulation 95-A specifying the date from which the family of an insured person shall also be entitled to medical benefit under the Act, every insured person who has not furnished the particulars of his family at the time of his registration under the Act, shall furnish to the employer correct particulars in respect of his family in Form 1-A. The employer shall enter the particulars in the form and obtain the signature or the thumb impression of such person and complete the form as indicated thereon and send it to the appropriate office on or before the Saturday following the end of the week in which the particulars were furnished.

15.B—Changes in Family:

An insured person shall intimate all changes in the membership of the family as defined under the Act, to the employer within 15 days of such change having occurred and the employer shall enter such particulars in Form 1-B and shall forward it to the appropriate office on or before the Saturday following the end of the week in which the particulars of the changes were furnished.

3. In Chapter III, for the heading "Cash Benefits", the heading "Benefits" shall be substituted.

4. In Regulation 57—

- (i) the following proviso shall be inserted before the existing proviso, namely:—

"Provided that where the insured person, who needs abstention from work on day of examination, states that he has been actually sick or temporarily disabled on a day earlier than the date of his first examination, the Insurance Medical Officer may, if he is satisfied as to the truth of the statement that the insured person was unable to present himself for medical examination earlier for reasons beyond his control, certify incapacity for work on the date preceding the date of examination".

- (ii) after the word "Provided" in the existing proviso, the word "further" shall be inserted.

5. In the proviso to Regulation 64, after the words "Regional Office", the words "or other office as authorised by the Director General" shall be inserted.

6. After Regulation 76, the following regulation shall be inserted, namely:—

"76-A—Submission of claims for periodical payments of permanent disablement benefit—

An insured person who has been declared to be permanently disabled by a Medical Board or by an Appeal Tribunal shall submit, by post or otherwise, to the appropriate Local Office a claim, covering, except in the case of a first payment, a period of one or more complete calendar months in Form 25 for claiming permanent disablement benefit."

7. After Regulation 83, the following regulation shall be inserted, namely:—

83-A—Submission of claims for periodical payments of Dependants' Benefit—

Each dependant whose claim for dependants' benefit is admitted under Regulation 82, shall submit to the appropriate Local Office, by post or otherwise, a claim covering, except in the case of first or a final payment, a period of one or more complete calendar months in Form 18-A. Such claim may be made by the legal representative of a beneficiary or in the case of a minor, by his guardian."

8. Regulation 85 shall be omitted.

9. After Regulation 95, the following heading and regulation shall be inserted, namely:—

"MEDICAL BENEFITS TO FAMILIES".

"95-A—Medical Benefit to families of insured persons.

- (1) Medical benefit may be extended to the families of insured persons from such date as the Corporation may in consultation with State Government, notify.
- (2) The family of an insured person shall become entitled to medical benefit 13 weeks after he himself first becomes entitled to medical benefit and shall continue to be so entitled so long as the insured person is entitled to receive medical benefit for himself.
- (3) The nature and scale of medical benefit to which the family of an insured person shall be entitled

- shall be such as may be specified by the State Government in consultation with the Corporation from time to time.
- (4) The appropriate Regional Office shall arrange to prepare a Family Identity Card for each insured person who is entitled to medical benefit for his family in Form 4-A, and shall send all such Identity Cards to his employer. Such employer shall obtain the signature or thumb impression of the employee on the Family Identity Card and shall deliver the same to the employee and obtain a receipt therefor.
- (5) The provisions of Regulation 18 shall apply to a Family Identity Card in the same way as they apply to the Identity Card."
- 10. In Regulation 102, for the words "an Insurance Officer, and an Assistant Insurance Commissioner", the words "an Assistant Insurance Commissioner and an Assistant Regional Director" shall be substituted.

11. After Regulation 106, the following regulations shall be inserted, namely:—

"107—Declaration by a person claiming permanent disablement or dependants' benefit—

- (1) Each person whose claim for any permanent disablement benefit or dependants' benefit has been admitted shall submit at six-monthly intervals with the claim for December and June every year a declaration in Form 26 attested by such authority or persons and in such manner as may be specified by the Director General.
- (2) In the case of claimant for permanent disablement benefit or dependants' benefit, the appropriate Local Office may require personal attendance and due identification of any claimant, other than a person incapacitated by bodily illness or infirmity or a purdah nashin lady, at the appropriate Local Office or at any other office of the Corporation provided that such appearance may not be required more frequently than once in every six months"

108—*Actuarial Present Value of the Periodical Payments*

- (1) For the purposes of sub-section (2) of section 66 of the Act, the actuarial present value of periodical payments shall be determined in accordance with the following sub-regulations.
- (2) The actuarial present value of periodical payments of temporary disablement benefit shall be deemed to be the amount actually paid to the insured person on account of such benefit or, where the amount payable is not known, such amount as is determined in any particular case by the Director General or any other officer authorised by him in this behalf.
- (3) The actuarial present value of periodical payments of permanent disablement benefit shall be the amount determined by multiplying the daily rate of permanent disablement benefit with the figure, indicated in column 2 of Schedule I to these regulations, corresponding to the age last birthday of the insured person on the date from which the permanent disablement benefit becomes payable to him.
- (4) The actuarial present value of periodical payments on account of dependants' benefit payable to a widow or widows of the deceased insured person shall be the amount determined by multiplying 3/5th of the full rate of benefit as calculated under para 3 of Schedule II to the Act with the figure indicated in column 2 of the Schedule I to these regulations, corresponding to the age last birthday of the widow, or where there are more than one widow, the youngest widow on the date of death of the insured person.
- (5) Where a widow as well as children are left behind, the actuarial present value of periodical payments on account of dependants' benefit payable to legitimate or adopted sons or legitimate unmarried daughters shall be the amount determined by multiplying 2/5th of the full rate of benefit as calculated under para 3 of Schedule II to the Act, with the figure, indicated in column 2 of Schedule II to these regulations, corresponding to the age last birthday of the youngest son or daughter on the date of death of the insured person (the age of a posthumous child being reckoned as 0 last birthday).

- (6) Where no widow is left by the insured person, the actuarial present value of periodical payments to children will be arrived at by adding together:—
 - (a) the product of 2/5th of the full rate as calculated under para 3 of Schedule II to the Act with the factor as indicated in column 2 of Schedule II to these regulations corresponding to the age last birthday of the youngest child on the date of death of the insured person (the age of the posthumous child being reckoned as 0 last birthday);
 - (b) the product of 2/5th of the full rate as calculated under para 3 of Schedule II to the Act with the factor as indicated in column 2 of Schedule II to these regulations corresponding to the age last birthday of the youngest child but one on the date of death of the insured person; and
 - (c) the product of 1/5th of the full rate as calculated under para 3 of Schedule II to the Act with the factor as indicated in column 2 of Schedule II to these regulations corresponding to the age last birthday of the youngest child but two, on the date of death of the insured person.
- (7) Where neither a widow nor a child is left the actuarial present value of the payments on account of dependants' benefit payable to:—
 - (a) a parent or grandparent shall be the amount determined by multiplying the daily rate of benefit awarded by the Employees' Insurance Court to such parent or grandparent, with the factor indicated in column 2 of Schedule I to these regulations corresponding to his or her age last birthday on the date of death of the insured person;
 - (b) any other male or female dependant shall be the amount determined by multiplying the daily rate of benefit awarded by the Employees' Insurance Court to such dependant with the factor indicated in column 3 of Schedule II to these regulations corresponding to his or her age last birthday on the date of death of the insured person.
 - (8) Where any particular case does not fall under any of the above two categories, the actuarial present value of the periodical payments shall be the amount determined by the Director General or by any other officer authorised by him in this behalf.

12 In Form I (Declaration Form):—

- (a) after item 10, the following shall be inserted, namely:—

"11. Particulars of members of family—

| Serial Number | Name | Date of birth | Relationship with insured Person | Identification Marks |
|---------------|------|---------------|----------------------------------|----------------------|
|---------------|------|---------------|----------------------------------|----------------------|

- (b) after the words "I hereby declare that the above particulars have been given by me and are correct to the best of my knowledge and belief", the words "I also undertake to intimate to the Corporation any changes in the membership of my family within 15 days of such changes having occurred" shall be inserted;

- (c) at the end, but before the words "cut here", the following note shall be inserted, namely:—

"NOTE—According to Section 2, clause (11) of the Employees' State Insurance Act, 1948, 'family' means the spouse and minor legitimate and adopted children dependant upon the insured person and where the insured person is a male, his dependant parents."

13. After Form 1, the following forms shall be inserted, namely:—

FORM 1-A

(Regulation 15-A)

Family Declaration Form

Name of the insured person

Insurance Number

| Serial Number | Name | Date of birth | Relationship with the insured person | Identification Marks |
|---------------|------|---------------|--------------------------------------|----------------------|
|---------------|------|---------------|--------------------------------------|----------------------|

I hereby declare that the particulars above have been given by me and are true to the best of my knowledge and belief. I also undertake to intimate to the Corporation any changes in the membership of my family within 15 days of such changes having occurred.

Signature/Thumb impression of the insured person

Date

Countersigned

Date

Designation

Name, Address and Code

No. of employer

Note:—According to Section 2, clause (11) of the Employees' State Insurance Act, 1948 'family' means the spouse and minor legitimate and adopted children dependant upon the insured person, and where the insured person is a male, his dependent parents.

FORM 1-B

(Regulation 15-B.)

Changes in Family Declaration Form

Name of the insured person

Insurance Number

I hereby declare that the person/persons whose particulars are given below has/have now become/ ceased to be members of my family:—

| Serial Number | Name | Date of change | Date of birth | Relationship with the insured person. | Identification Marks (for new entrants). | Reasons for change |
|---------------|------|----------------|---------------|---------------------------------------|--|--------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |

My Family Declaration Form may kindly be corrected accordingly.

I hereby declare that the particulars given above are true to the best of my knowledge and belief.

Signature/Thumb impression of the insured person

Date

Countersigned

Date

Designation

Name, Address and Code

No. of employer

Note:—According to Section 2, clause (11) of the Employees' State Insurance Act, 1948, 'family' means the spouse and minor legitimate and adopted children dependant upon the insured person and where the insured person is a male, his dependent parents."

14. After Form 4, the following Form shall be inserted, namely:—

"FORM 4-A

(Regulation 95-A).

Family Identity Card

Insurance No.

Name of insured person

Sex

Son of/Daughter of/W/o

Address

Dispensary

Particulars of members of family

| Serial Number | Name | Date of birth | Relationship with the insured person | Identification Marks |
|---------------|------|---------------|--------------------------------------|----------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Signature or Thumb Impression of the insured person.

Prepared by.

15. In Form 16—

(i) for entry 9, the following entry shall be substituted, namely:—

"9 (a) Sex

(b) Age (last birthday)

(c) Occupation of injured person

(d) Local Office to which attached.

(ii) in entry 12, after item (d), the following item shall be inserted namely:—

"(e) Name and address of witnesses—

(1)

.....

.....

(2)

.....

.....

(iii) entry 14 shall be relettered as item (a) of that entry and after the item as so re-lettered, the following shall be inserted, namely:—

"(b) Name of dispensary/panel doctor elected by the injured person.

.....

.....

16. After form 18, the following form shall be inserted, namely:—

"FORM 18-A.

(Regulation 83-A)

DEPENDANTS' Benefit

Claim Form for periodical Payments

Name of the deceased insured person

Insurance No

I, (state relationship with the deceased) of the above named insured person, being his dependant, claim Dependants' Benefit for the period from to

The amount due may be paid to me by money order/in cash at Local Office.....

I declare that I have not married/re-married so far (*).

I certify that I have not attained the age of eighteen years and am continuing my studies in..... fifteen years.†

Signature or thumb impression of the claimant.

Present

Date

address:

(*) Applicable only in case of female dependants.

(†) Applicable only in case of minor dependants'.

Strike out what is not applicable.

Note.—In case of a minor, the guardian should sign the claim on behalf of the minor, and add the following words below his signature" (name of the minor) through (name of the guardian) his/her (relationship).

17. In Form 21, for the words "in the week commencing" the words "on or about", shall be substituted.

18 In Form 23 the asterisks and Words, "The confinement was premature and the week in which it was expected that she would be confined was the week commencing and "To be struck off unless applicable" shall be omitted.

19. After Form 24, the following forms shall be inserted namely:—

FORM—25

(Regulation 76—A)

Claim for permanent Disablement Benefit

I,, s/w/d of Insurance No. having been declared as permanently disabled by the Medical Board/Appeal Tribunal claim Permanent Disablement Benefit accordingly, for the period from to

The amount due may be paid to me by/in money order/ cash at Local Office

Signature or Thumb impression.

Present Address:

Dated.

FORM—26

(Regulation 107)

Declaration for Dependants' Benefit Permanent Disablement Benefit

Insurance No. of deceased insured person/permanently disabled person.

I, of (Address) do hereby solemnly declare:

*(1) that I have not re-married/married.

†(2) that I have not attained the age of eighteen years and am continuing my studies in fifteen years.

Dated. Signature or thumb impression of the dependent.

Certified that w/s/d of is alive this day the day of 19 .. and that the declarations made above are true to the best of my knowledge and belief.

Rubber stamp or seal of the attesting authority or person.

Signature.

Designation.

Note.—(1) In the case of a minor, the guardian should sign the declaration on behalf of the minor, and add the following words below his

signature "..... (name of minor),
through (name of the guardian)".

*(2) This declaration is to be given only by a widow or female dependant of a deceased insured person who is claiming dependant's benefit under the Act.

†(3) This declaration is to be given only in respect of a minor dependant.

Strike out what is not applicable."

20. After Form 26, the following Schedules shall be inserted, namely:—

"SCHEDULE—I

Actuarial Present Values for Permanent Disablement benefit and for Dependants benefit payable for Life or Till Re-Marriage.

(Regulation 108)

| Age last birthday of beneficiary on date from which Permanent Disablement Benefit is payable or on date of insured person's death in case of dependants' benefit. | The factor with which daily rate of benefit is to be multiplied. |
|---|--|
| 1 | |
| Below 20 years. | 6,400 |
| 20 years and above but below 25 years .. | 6,000 |
| 25 years and above but below 30 years .. | 5,600 |
| 30 years and above but below 35 years .. | 5,200 |
| 35 years and above but below 40 years .. | 4,800 |
| 40 years and above but below 45 years .. | 4,400 |
| 45 years and above but below 50 years .. | 4,000 |
| 50 years and above but below 55 years .. | 3,600 |
| 55 years and above but below 60 years .. | 3,200 |
| 60 years and above but below 65 years .. | 2,800 |
| 65 years and above but below 70 years .. | 2,300 |
| 70 years and above. | 1,800 |

SCHEDULE II

Actuarial Present Value of Periodical Payments limited to age 18 or 15. (Regulation 108)

| Age last birth day on date of death of the insured person | The factor with which the proportionate full rate of benefit is to be multiplied if payable to the sons or daughters | The factor with which daily rate of benefit awarded finally by Court is to be multiplied if payable to minor dependants other than the sons or daughters |
|---|--|--|
| 1 | 2 | |
| 0 | 4,900 | 4,275 |
| 1 | 4,700 | 4,060 |
| 2 | 4,500 | 3,845 |
| 3 | 4,275 | 3,600 |
| 4 | 4,050 | 3,330 |
| 5 | 3,825 | 3,100 |
| 6 | 3,600 | 2,825 |
| 7 | 3,350 | 2,550 |
| 8 | 3,100 | 2,275 |
| 9 | 2,825 | 1,975 |
| 10 | 2,550 | 1,675 |
| 11 | 2,275 | 1,375 |
| 12 | 1,975 | 1,080 |
| 13 | 1,675 | 700 |
| 14 | 1,375 | 350 |
| 15 | 1,050 | .. |
| 16 | 700 | .. |
| 17 | 350 | .. |

V. M. ALBUQUERQUE
Director-General

LOST

The Government Promissory Note No. BY 066711 of the 3½ per cent, National Plan Loan 1964 for Rs. 25,000 originally standing in the name of the Reserve Bank of India and last endorsed to Dattatraya Ramkrishna Dalal (Minor), (Through mother and natural guardian Smt. Padmanwatibai, W/o Ramkrishna Dalal), the proprietor(s), by whom it was never endorsed to any other person, having been lost, notice is hereby given that the payment of the above note and the interest thereupon has been stopped at the Public Debt Office, Reserve Bank of India, Bombay and that application is about to be made for the issue of duplicate in favour of the proprietor. The public are cautioned against purchasing or otherwise dealing with the above-mentioned security.

Name of the Advertiser—Padmanwatibai W/o Ramkrishna Dalal.

Residence—Buldana (Bombay State).

LOST

The Government Promissory Note No. BY077040 of the 3½ per cent., National plan loan 1964 for Rs. 1000 originally standing in the name of the Reserve Bank of India and last endorsed to the Collector of Central Excise, Nagpur, the proprietor, by whom it was never endorsed to any other person, having been lost, notice is hereby given that the payment of the above Note and the interest thereupon has been stopped at the Public Debt Office, Reserve Bank of India, Bombay and that application is about to be made for the issue of Duplicate in favour of the proprietor. The public are cautioned against purchasing or otherwise dealing with the above mentioned security.

Name of the advertiser—The Collector of Central Excise, Nagpur.

LOST

The Government Promissory Note No. MS 011710 of the 3 per cent Conversion loan of 1946 for Rs. 200.00 originally standing in the name of Reserve Bank of India and last endorsed to the Correspondent, Sri Ramakrishna Mission Sarada Vidyalaya Girls' High School, Thyagarayanagar, by whom it was never endorsed to any other person, having been lost, notice is hereby given that the payment of the above note and the interest thereupon has been stopped at the Public Debt Office, Reserve Bank of India, Madras and that application is about to be made for the issue of duplicate in favour of the proprietor. The public are cautioned against purchasing or otherwise dealing with the above-mentioned security.

Name of the advertiser—The Correspondent, Sri Ramakrishna Mission Sarada Vidyalaya, Girl's High School.

Residence—No. 27, Usman Road, T. Nagar, Madras 17